

Cumberland Springs Bible Camp 2010 Camp Registration Form

Office Use Only					
Date Rec.					Full
Amt Pd.:					Partial
Event					Early
Bal Due					Other

The Camp Registration Form, Health Information Form, and the Permission Form must be filled out completely for attendance at CSBC Overnight and Day Camps. Call or e-mail to let us know you are coming.

Please register early!!

Contact information:
Cumberland Springs Bible Camp
 P. O. Box 455
 Dayton, TN 37321
 (423) 775-3148
 e-mail: camp@cumberlandsprings.org

Camper Info

Name _____
 Address _____
 City _____ State _____ ZIP _____
 ___ Boy ___ Girl Date of Birth _____

Camper's are placed in cabins (or day camp groups) according to age. In the space provided below, you may request a cabin/group mate of your own age.

I want to be in a cabin/group with:

Parent/Emergency Info

Custodial parent(s)/guardian(s):

Name _____

Phone () _____ Phone () _____

Name _____

Phone () _____ Phone () _____

Camper lives with ___ Both parents ___ Mother only
 ___ Father only ___ Other

Person to notify in case of emergency if parents/guardians cannot be reached:

Name _____

Relationship to camper _____

Phone () _____ Phone () _____

Registration Information – Summer Camps

Please read the important information in the 2010 CSBC Camp Brochure about age groupings and "Tracks". Some "Tracks" have an additional cost.

___ I have earned a full "campership" by completing the specified Bible lessons. You must register and a \$15 program fee is required; this fee removes the need for any spending money at camp. CSBC "Track" fees will be due if applicable.

___ I have earned a partial "campership" by completing the specified Bible lessons (second year and up). Partial price fee is \$90 which includes the program fee. CSBC "Track" fees will be due if applicable.

Enclosed is \$ _____ to register for the following event(s)

Overnight Camps

___ Junior Camp -----June 14 - 19 _____

___ "Tween" Camp-----June 21 - 26 _____

___ Teen Camp-----June 28 – Jul 3 _____

___ Optional "Horseback" CSBC Track _____

___ Optional "Art" CSBC Track _____

*Overnight camps are \$150 if you register before May 15.

Day Camps

___ Day Camp 1 -----July 12 - 16 _____

___ Day Camp 2 -----July 19 - 23 _____

2010 Overnight Camp Fee Information

All overnight campers pay a \$15 program fee, including those who have earned a full or partial "campership". This fee includes a choice of a CSBC T-shirt or a CSBC logo item and Snack Shop goodies. No spending money is needed and no money will be accepted at the Snack Shop.

Overnight Camp Fees

Full Price (includes program fee)\$165

**Early Registration (includes program fee)\$150
(Register before May 15.)**

Partial "Campership" (includes program fee)...\$90

Full "Campership" – with program fee\$15

Applicable "CSBC Track" fee TBD

Overnight campers, be sure to sign up for "Tracks".

Day Camp Fees

All Campers.....\$85

Day Camp Fee includes choice of CSBC T-shirt or CSBC logo item and Snack Shop goodies.

(There is a \$5 fee for campers riding the CSBC van.)

**Cumberland Springs Bible Camp
Health Information & History and Permission Form**

This form is to be filled out by a parent or guardian of the camper.

Camper's Name _____ Camper's Social Security number _____

Is the camper covered by family medical/hospital insurance? ____ Yes ____ No

If so indicate carrier or plan name _____

Name of insured _____ Relationship to camper _____

Social Security number of policy holder or insurance ID number _____

Please include a photocopy of insurance card—front and back. (Copies can be made at registration.)

Family Doctor _____ Phone _____

Are immunizations up to date? ____ Yes ____ No If not, please explain. _____

Allergies:
Type of allergy: _____

Medications being taken:

Describe the reaction and the management of the reaction.

Describe the dosage and frequency of administration

Chronic or recurring illness or medical condition

Recent exposure to contagious disease? ____ Yes ____ No
If yes, please describe. _____

Any restriction to activity

Please describe any other health or medical concern or any other restriction to activity. (Use the back of this page if necessary.)

Parental Permission

Camp activities include strenuous outdoor activities and out of camp travel in camp vehicles. As with most activities in life, there is an inherent risk in participating in these activities. By signing below you are indicating that you understand the risk involved in camp activities and you are giving permission for your child/ward to participate in all activities. All activities are well-supervised, with an emphasis on safety.

Important –this statement must be signed for attendance.

I give full permission for my child to participate in camp activities and for out of camp program travel (any exceptions are noted on the Health Information and History form). It is the intention of the undersigned by this instrument to exempt and release TMM Ministries, Inc. and Cumberland Springs Bible Camp from all liability or responsibility whatsoever for personal injury, property damage, or death of my child. In addition, if the camper needs emergency medical or surgical treatment, I hereby authorize Camp officials to stand in my stead to authorize needed care, with the understanding that reasonable effort will have been made to contact me prior to such authorization. I also understand that pictures will be taken during my child's time at camp, and I give permission for pictures containing my child's likeness (and/or my likeness) for the promotion of CSBC camp ministry. This completed form may be photocopied for trips out of camp.

I understand that my insurance will be filed as the primary carrier. In the event that no insurance is provided by the family, Cumberland Springs Bible Camp's Medical Supplement will be filed within the prescribed limits.

Signature of parent or guardian

Date

**We must have a completed and
signed permission form for each camper.**